

Affidavit and Revenue Certification

Home Health and Supportive Services
AKA Thevested Center

ENTITY NAME

St Landry Parish
Grand Coteau LA (City), State

**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)**

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

Personally came and appeared before the undersigned authority, Julia B. Richard
(officer name), who, duly sworn, deposes and says that the financial statements
herewith given present fairly the financial position of HHS AKA Thevested Center (entity name)
as of December 31, 2011, and the results of operations for the year then ended, in accordance with the basis of
accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, Julia B. Richard (officer name), who, duly sworn, deposes and says that
(entity name) received \$50,000 or less in revenues and other sources
for the year ended December 31, 2011, and accordingly, is not required to have an audit for the previously
mentioned year.

Julia B. Richard
Officer Signature

Sworn to and subscribed before me this 7 day of March, 2012.

Deusd J. More
NOTARY PUBLIC # 57095

Officer's Name _____

Officer's Title _____

Address _____

City _____

State _____

Phone/Fax/E-mail _____

Under provisions of state law, this report is submitted to the Legislative Auditor. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 04 2012

Please return the completed form by March 31 to Office of Legislative Auditor – Local Government Services,
Post Office Box 94397, Baton Rouge, LA 70804-9397

Home Health and Supportive Services
AKA Thrifted Center (Agency Name)

Balance Sheet, on December 31, 2011

	General Fund	Other Fund	Total
ASSETS (balances at end of year) -Give brief description:			
1. Cash and cash equivalents on hand	\$ -0-	\$ -0-	\$ -0-
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (describe)			
6. Total Assets (add lines 1 - 5)	\$ -0-	\$ -0-	\$ -0-
LIABILITIES AND FUND BALANCE (at end of year):			
7. Liabilities (give brief description)			
8	\$ -0-	\$ -0-	\$ -0-
9			
10			
11. Total Liabilities (add lines 7 - 10)	-0-	-0-	-0-
12. Fund balance (amount from Line 16 on Statement B)	-0-	-0-	-0-
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ -0-	\$ -0-	\$ -0-

Note: Total Assets should equal Total Liabilities and Fund Balance.

Statement B

Home Health and Supportive Services

AKA Therapist Center (Agency Name)Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2011

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>LA Department of Education CNP</u>	\$ <u>17,587</u>	\$ <u>0</u>	\$ <u>17,587</u>
2. <u>Emergency Food and Shelter</u>	\$ <u>5,675</u>		\$ <u>5,675</u>
3.			
4.			
5.			
6 Total receipts (add lines 1 - 5)	\$ <u>23,262</u>	\$ <u>0</u>	\$ <u>23,262</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>Food Service Labor</u>	\$ <u>6,216</u>	\$	\$ <u>6,216</u>
8. <u>Food Purchases</u>	\$ <u>6,671</u>		\$ <u>6,671</u>
9. <u>Administrative Labor</u>	\$ <u>4,300</u>		\$ <u>4,300</u>
10. <u>Supplies</u>	\$ <u>400</u>		\$ <u>400</u>
11. <u>Emergency payments for clients</u>	\$ <u>5,675</u>		\$ <u>5,675</u>
12.			
13 Total Disbursements (add lines 7 - 12)	\$ <u>23,262</u>	\$ <u>0</u>	\$ <u>23,262</u>
14. Increase (or decrease) in fund balance (Line 6 minus line 13)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
15 Fund Balance at beginning of year (**see below)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
16 Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement A	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

** This is the "Fund Balance At End Of Year" From Last Year's Report

Please return the completed form by March 31 to Office of Legislative Auditor - Local
Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Meal	Meals Served	Administrative	Operating	Total
Breakfast	3400	\$578.00	\$5,814.00	\$6,392.00
Lunch	3400	\$1,082.60	\$10,132.00	\$11,194.50
	Totals:	\$1,640.60	\$15,946.00	\$17,586.60

Budget Item	Amount	Percent of Projected Budget
Food Purchases	\$6,870.50	
SDE/DNA Sponsored SFSP Training	\$0.00	
Food Service Labor Costs	\$6,216.00	
Non-Food Supplies	\$400.00	
Pest Control	\$0.00	
Garbage	\$0.00	
Mileage Allowance	\$0.00	
Utilities	\$0.00	
Telephone	\$0.00	
Postage	\$0.00	
Office Supplies	\$0.00	
Office Maintenance	\$0.00	
Administrative Labor Costs	\$4,300.00	
Audit Fees	\$0.00	
Advertising	\$0.00	
Training	\$0.00	
Equipment/Truck Rental	\$0.00	
Retirement	\$0.00	
Insurance	\$0.00	
FICA	\$0.00	
Fringe Benefits	\$0.00	
Workman's Compensation	\$0.00	
Depreciation	\$0.00	
Printing	\$0.00	
Total:	\$17,586.50	

If all funds are not spent on the program, what are you going to do with the extra funds?

Purchase fresh fruits and vegetables

Please indicate which months you would like to receive an advance.

☐ June ☐ July ☐ August

I understand the purpose of advance funds and certify that the advance funds will be used for SFSP purposes only. I also understand that the amount advanced to me will be returned to the Department of Education in the form of a reduction of my first claim reimbursement following the advance.

I understand that if I request advance payment for more than one month, I assure the State that the sponsor will operate the number of sites listed in this application and that the projected administrative costs do not differ significantly from the approved budget. I also understand that it is my responsibility to keep the sponsor, site and budget data current.

This application in conjunction with site applications for each site, an administrative budget, and additional documents as required constitute attachments to the Agreement between the State and Sponsor for the 2011 Summer Food Service Program.

Sponsor Comments:

Child Nutrition Program 17,586.5

LRO Final Report

LB Number	368800	LRO Number	003
Audit Findings	No	Audit Type	
Audit Date		Audit Preparer	

Total Paid	Interest	Total Available	Unexpended	Net Expended
\$5,675.00	\$0.00	\$5,675.00	\$0.00	\$5,675.00

Served Meals	\$0.00	No. of Meals	0	Individuals Served	0
Other Food	\$1,860.75	No. of Meals	142	Individuals Served	472
Mass Shelter	\$0.00	No. of Nights	0	Individuals Served	0
Other Shelter	\$0.00	No. of Nights	0	Individuals Served	0
Rent / Mortgage	\$1,674.76	No. of Bills paid	8	Individuals Served	22
Supplies / Equipment	\$0.00				
Rehabilitation	\$0.00				
Utility Assistance	\$2,139.49	No. of Bills paid	15	Individuals Served	38
Administration	\$0.00				
Total Expended	\$5,675.00				

Emergency Food'n Shelter grant = 5,675.00